

Date Received: \_\_\_\_\_

Amount Paid/Check# \_\_\_\_\_

Permit# \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



**APPLICATION TO CONDUCT A  
RECREATIONAL CAMP FOR CHILDREN  
2016**

Chicopee Health Department  
115 Baskin Drive  
Chicopee, MA 01020  
(413) 594-1660

Name of **Camp** \_\_\_\_\_ Site Phone# \_\_\_\_\_

Site Address \_\_\_\_\_

Email Address \_\_\_\_\_

Name of **Camp Owner** \_\_\_\_\_ Phone# \_\_\_\_\_

Owner Address \_\_\_\_\_

Name of **Camp Operator** \_\_\_\_\_ Phone# \_\_\_\_\_

Operator Address \_\_\_\_\_

**FACILITY AND STAFF**

Type of camp: Day (Operates less than 24 hours) \_\_\_\_\_ Residential (Operates 24 hours) \_\_\_\_\_

Are overnight stays anticipated? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, where? \_\_\_\_\_

Length of camp season: \_\_\_\_\_ to \_\_\_\_\_

Hours of operation: \_\_\_\_\_ A.M./P.M. to \_\_\_\_\_ A.M./P.M.

Number of sessions per season: \_\_\_\_\_

Camp capacity per *session*: \_\_\_\_\_ Number of staff supervising campers: \_\_\_\_\_

**Has the camp owner or director obtained and reviewed the most current CORI/Juvenile report and SORI report of every staff person and volunteer and determined a background free from disqualification? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Building Department inspection required**

Building capacity: \_\_\_\_\_ Certificate of Occupancy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Fire Department inspection required**

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is firearm instruction offered to campers? No \_\_\_\_\_ Yes \_\_\_\_\_ Instructor's name: \_\_\_\_\_

National Rifle Association Instructor's Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is horseback riding offered to the campers? No \_\_\_\_\_ Yes \_\_\_\_\_ Instructor's name: \_\_\_\_\_

Stable location: \_\_\_\_\_

**FOOD SERVICE**

Is food handled, served, or prepared by camp staff?

No \_\_\_\_\_

Yes \_\_\_\_\_ Food Service Permit Number: \_\_\_\_\_ Name of Certified Food Manager: \_\_\_\_\_

Is food catered by an outside source? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Is refrigeration available for perishable foods? No \_\_\_\_\_ Yes \_\_\_\_\_

**MEDICAL CARE**

Name of **Health Care Supervisor**: \_\_\_\_\_  
Type of medical license, registration or training: \_\_\_\_\_

Name of **Physician** (Health Care Consultant) "on call": \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
MA Medical License type and number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SWIMMING AREA**

Does the camp have or use recreational water facilities?  
None \_\_\_\_\_ Pool \_\_\_\_\_ Fresh water \_\_\_\_\_ Ocean \_\_\_\_\_ Other (explain) \_\_\_\_\_

If yes, specify location(s): \_\_\_\_\_

Swimming Pool Permit Number (If, applicable): \_\_\_\_\_

Name of **Aquatics Director**: \_\_\_\_\_  
Age: \_\_\_\_\_  
Life Guard Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
American Red Cross CPR Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
American First Aid Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**WATER SUPPLY**: Public \_\_\_\_\_ Private \_\_\_\_\_  
If private, date sampled \_\_\_\_\_ Sampling performed by: \_\_\_\_\_  
Results: \_\_\_\_\_

**SEWAGE DISPOSAL**: Public \_\_\_\_\_ Private \_\_\_\_\_ If private, please specify: \_\_\_\_\_

<b>TOILETS/SHOWER ROOMS:</b>	Male	Female
Number of toilets	_____	_____
Number of handwash basins	_____	_____
Number of showers	_____	_____

**Recreational Camp Fee: \$ 100**

**PLEASE NOTE:** THE FOLLOWING PAGE CONTAINS A LIST OF DOCUMENTS THAT MUST BE SUBMITTED ALONG WITH THE COMPLETED APPLICATION. PERMITS WILL NOT BE ISSUED UNTIL A COMPLETED APPLICATION AND ALL FORMS AND PAYMENTS ARE RECEIVED.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 430.000 of the State Sanitary Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

## **Required Documents**

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)
- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water